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**PATENT NUMBER**

## **U.S. UTILITY Patent Application**

<b>D.I.P.E.</b> <b>TR</b> <b>SCANNED</b>  	<b>PATENT DATE</b> <b>Q.A.</b> 
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
201701337			96,01	—	J. A. Ang

## APPlicants

TITLE

#### Therapeutic delivery balloons

3763

PTO-2040  
12/99

## **ISSUING CLASSIFICATION**

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				NOTICE OF ALLOWANCE MAILED	
	(Assistant Examiner) _____ (Date)				
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____  _____				ISSUE FEE	
	(Primary Examiner) _____ (Date)			Amount Due	Date Paid.
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	(Legal Instruments Examiner) _____ (Date)				

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Form PTO-436A

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